

**DOCUMENTED ALTERNATIVE PLAN
FOSTER FAMILY HOMES
(BEDROOMS)**

APPLICANT/CAREGIVER FOSTER FAMILY HOME

ADDRESS

CITY, STATE, ZIP CODE

FOSTER FAMILY HOME FILE NUMBER

Bedrooms (Section 89387(a) Discussion of Alternative Plan: _____

Name of Child

Sex

Date of Birth

Placement Worker's Name: _____ Telephone Number: _____

Did the Placement Worker approve the Documented Alternative Plan? _____ Yes _____ No

Caregiver/Applicant Signature _____ Date _____

FOR LICENSING OFFICE USE ONLY - DO NOT FILL IN BELOW

- ☐ Your request is hereby granted pursuant to the California Code of Regulations, Title 22, Division 6, Chapter 9.5

LIMITATIONS OF ALTERNATIVE PLAN:

- ☐ This alternative plan is denied based on the following: _____

Licensing Evaluator Signature/Date

Licensing Supervisor Signature/Date

Licensing Office